

# Maryland MOLST Information for Caregivers

Maryland MOLST Training Task Force  
August 2011

MOLST stands for  
Medical Orders for  
Life-Sustaining Treatment

# Maryland MOLST Form

- It is a two-page order form about cardiopulmonary resuscitation and other medical treatments
- It replaces the Maryland DNR form

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**Maryland Medical Orders for Life-Sustaining Treatment (MOLST)**

Patient's Last Name, First, Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ ☐ Male ☐ Female

This form includes medical orders for Emergency Medical Services (EMS) and other medical personnel regarding cardiopulmonary resuscitation and other life-sustaining treatment options for a specific patient. It is valid in all health care facilities and programs throughout Maryland. This order form shall be kept with other active medical orders in the patient's medical record. The physician or nurse practitioner must accurately and legibly complete the form and then sign and date it. Blank order forms shall not be signed. The physician or nurse practitioner shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. A copy or the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.

**CERTIFICATION FOR THE BASIS OF THESE ORDERS:** Mark any and all that apply. Otherwise, leave this section blank. I hereby certify that these orders are entered as a result of a discussion with and the informed consent of:

☐ the patient, or  
☐ the patient's health care agent as named in the patient's advance directive, or  
☐ the patient's guardian of the person, or  
☐ the patient's surrogate, or  
☐ if the patient is a minor, the patient's legal guardian or another legally authorized adult.

Or, I hereby certify that these orders are based on:

☐ instructions in the patient's advance directive, or  
☐ certification by two physicians that CPR and/or other specific treatments will be medically ineffective.

☐ Mark this line if the patient or authorized decision maker declines to discuss or is unable to make a decision about these treatments. If the patient or authorized decision maker has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given.

**CPR (RESUSCITATION) STATUS:** EMS providers must follow the *Maryland Medical Protocols for EMS Providers*.  
**Attempt CPR:** If cardiac and/or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). This will include any and all medical efforts that are indicated during arrest, including artificial ventilation and efforts to restore and/or stabilize cardiopulmonary function.  
[If the patient or authorized decision maker does not or cannot make any selection regarding CPR status, mark this option. Exceptions: If a valid advance directive declines CPR, CPR is medically ineffective, or there is some other legal basis for not attempting CPR, mark one of the "No CPR" options below.]

**1 No CPR, Option A, Comprehensive Efforts to Prevent Arrest:** Prior to arrest, administer all medications needed to stabilize the patient. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.  
**Option A-1, Intubate:** Comprehensive efforts may include intubation and artificial ventilation.  
**Option A-2, Do Not Intubate (DNI):** Comprehensive efforts may include limited ventilatory support by CPAP or BiPAP, but do not intubate.

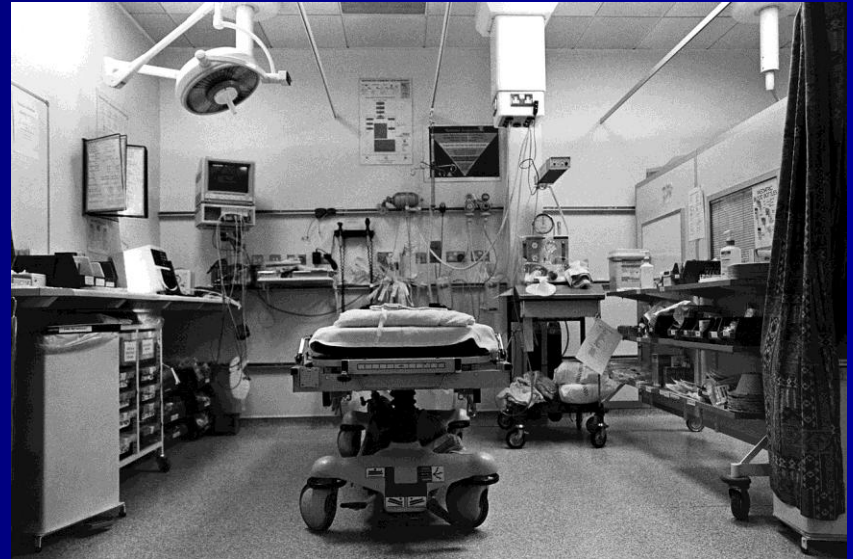
**No CPR, Option B, Palliative and Supportive Care:** Prior to arrest, provide passive oxygen for comfort and control any external bleeding. Prior to arrest, provide medications for pain relief as needed, but no other medications. Do not intubate or use CPAP or BiPAP. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.

**PHYSICIAN'S OR NURSE PRACTITIONER'S SIGNATURE (Signature and date are required to validate order)**

Practitioner's Signature \_\_\_\_\_ Print Practitioner's Name \_\_\_\_\_  
Maryland License # \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

# Why is MOLST important?

MOLST tells doctors and other people what medical treatments a patient wants or does not want



# Where do you keep MOLST in the patient's home?

1. At the bedside
2. Above the bed
3. Behind the bedroom door
4. On the refrigerator door



# Who do you give the MOLST form to?

Always give the MOLST form to medics and the ambulance crew



# What if the patient goes to the hospital?



Every time the patient goes to a hospital or any health care facility, the MOLST form goes with the patient

# For More Information

[dhmh.maryland.gov/marylandmolst](http://dhmh.maryland.gov/marylandmolst)

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